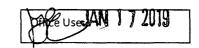


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information	granger of the second	
	Date: 01/02/2019 C1511	02	2 and 3
2.	Type: New Amended (II amending, enter MEC ID	& section cha	nged 2 and 3
	Committee Information Eigel For Missouri		
	Name of Committee 398 Patriotic Trail, Weldon Spring, MO 63304		()
	Committee Mailing Address, City, State, & Zip	<u> </u>	Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	iers
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PA	AC) □ Debt Service □ Explo	ratory
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Mailing Address, City, State, & Zip No Deputy Treasurer	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		(()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4 Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Complete of the Additional Complete o	mën
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	ack) 🗆 No
5.	Official Bank Account Information (required by all committees)		
_	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in	nclude sen; it candidate):	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	niy)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s). Check certification(s) & sign (required by all comm	ittees)	
	■ I affirm and attest under penalty of perjury that information and		ete, true, and accurate. I
	further acknowledge that I am aware that any false statement or d		
,	MICH SUMMEN	>	
(Committee Treasurer	Candidate (Candidate Committees Only)	